

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHFILED DEC 1 1950  
#116719

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State File No. 39048  
Registrar's No. 9843

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 39048		Registrar's No. 9843			
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>			c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			2129			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>					d. STREET ADDRESS (If rural, give location) <u>4753 Westminster.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>SHETLEY</u>					4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18th, 1950</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 3, 1885</u>		9. AGE (In years last birthday) <u>65</u> If under 1 year: Months _____ Days _____ If under 12 mos. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service Co.</u>			11. BIRTHPLACE (State or foreign country) <u>Wayne Co., Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>James W. Shetley</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Haynes</u>			14. NAME OF HUSBAND OR WIFE <u>Emma</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>493-10-9406</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Shetley, 4753 Westminster</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningitis</u> ANTÉCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Otitis media, right</u> DUE TO (c) <u>A pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>2 1/2 weeks</u>	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>391.0</u>					
22. I hereby certify that I attended the deceased from <u>11/15/50</u> , to <u>11/18/50</u> , 19____, that I last saw the deceased alive on <u>11/18/50</u> , 19____, and that death occurred at <u>5:45pm</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>John T. Lawton</u> (Degree or title) <u>M.D.</u>					23b. ADDRESS <u>1515 Lafayette Ave.,</u>			23c. DATE SIGNED <u>11/18/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			24b. DATE <u>11-20-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christian</u>		24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>NOV 20 1950</u>			REGISTRAR'S SIGNATURE <u>J. B. Lawton</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*William E. Soepjen*

Signed .....  
Student Embalmer

Licensed Embalmer No. *4699*

P. O. Address \_\_\_\_\_

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.